

#9

PTO/SB/122 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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| Application Number | 03/623,985 |
| Filing Date | 04/17/2001 |
| First Named Inventor | Wolfgang Konen |
| Art Unit | 2321 |
| Examiner Name | |
| Attorney Docket Number | GRUPT08 |

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- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 38,478
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name Thomas M. ChampagneSignature Tho CrDate 10/08/2003Telephone 703-248-9220

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/2 (08-03)

Approved for use through 08/30/2003. OMB 0851-0031

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| | | | |
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09823,985 | |
| | Filing Date | 04/17/2001 | |
| | First Named Inventor | Wolfgang Kosen | |
| | Art Unit | 2621 | |
| | Examiner Name | | |
| Total Number of Pages in This Submission | 3 | Attorney Docket Number | GRUPT08 |

| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Thomas M. Champagne IP Strategies, P.C. | |
| Signature | <i>Thomas Champagne</i> | |
| Date | 10/08/2003 | |

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| Typed or printed name | Thomas M. Champagne |
| Signature | <i>Thomas Champagne</i> |
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